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Nebraska Department of Health and Human Services

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on the COVER

Virginia Tilden, RN, DNSc, FAAN Dean, UNMC College of Nursing and Eleanor Howell, PhD, RN Dean, Creighton University School of Nursing



## **Executive Director's Message**

Last month's message drew more comments from readers than any previous message I had written. I received verbal comments, e-mails and notes on get-well cards expressing agreement with my concerns from the patient perspective about the shift in nursing care from comfort measures to technological interventions and the effect of 12-hour shifts on patient safety and retention of experienced nurses. I welcome your comments to any of my messages.

This month's feature article spotlights nursing education and the critical need for educational preparation for nursing educators to fill the shortage of educators and enable the educational programs to expand their enrollment. Prior to accepting my current position as Executive Director for the Board of Nursing, I spent seventeen years as a nursing educator. Following my graduation with a BSN from UNMC College of Nursing, I worked for a short time as a staff nurse on a Medical Surgical floor before accepting a position as a pediatric clinical instructor in a hospital-based diploma program, eventually becoming coordinator of the course. I also enrolled in a graduate program in Maternal Child Nursing. The program closed four years later, at which time I took a part-time position in an Associate Degree Program. By this time, we had our first child, and I was enrolled full-time in the graduate program. When I finished my master's degree, I returned to full-time status and became course coordinator. Over the next years, I performed in a variety of roles including advising students and coordinating off-site weekend programs. The program added an RN to BSN option. Ten years after completion of my master's degree, I completed my doctorate and was named Program Chair.

This is the time of the year when new graduates finish their programs and enter the workforce. It is a challenging time for the new graduates and the mentors they are assigned to.

Do you remember how you felt as a new graduate? So much to learn and so much to remember. Fear that you will make a mistake or ask a stupid question and be chided by more experienced staff. All of these feelings contribute to feelings of inadequacy and over time can result in the new graduate leaving nursing. The new graduate and the experienced nursing mentor have the responsibility to prevent this from occurring. New graduates need to realize that they are not expected to know everything when they graduate. Nursing education is designed to teach students basic principles of nursing, critical thinking and the tools to find the answers to what they don't know. The graduate also needs to realize that it will take them much longer to perform skills and complete new activities. The graduate needs to be patient as does the mentor to develop a relationship that will foster learning and support retention on the part of the graduate and satisfaction on the part of the mentor.

Not every experienced nurse will make a good mentor. A mentor needs to enjoy working with new graduates. The mentor role requires patience and appreciation of the satisfaction derived from seeing the new graduate grow and mature. Who knows, success as a mentor might be a stepping stone to a career in nursing education.

> Charlene Kelly Charlene Kelly



### President's Message

Nursing colleagues comment from time to time about a topic covered in the "President's Message," however, I was impressed at the overwhelming number of unsolicited responses following publication of the January issue of Nursing News. Apparently the message of the need for balance and the importance of recognizing what we can and cannot do resonated strongly with many of you. Several individuals related their all too familiar experiences of taking on way too much and discovering they were not able to truly enjoy any aspect of those promising opportunities.

One acquaintance spoke candidly about her journey towards her acceptance of not filling every waking hour with meaningful projects and activities. She reflected on dealing with and eventually overcoming guilty feelings associated with not overbooking herself and her children. She discovered that being overly involved in worthwhile pursuits was overwhelming and resulted in physical and emotional health concerns.

Minivans were not designed as dressing rooms for kids to quickly change from school clothes into athletic uniforms between piano lessons and games—nor were they designed to replace the family's kitchen table. Yet, I wonder how many meals were eaten in vehicles throughout our state this past week?

When life gets out of balance, what can be done to restore necessary equilibrium? We all know the importance of a healthy diet, regular exercise, and adequate sleep. We need to figure out what really matters and eliminate things that are not important. Most of us know how to work hard—but have we forgotten how to play? As children, most of us mastered the art of playing with total attention given to the act of playing itself. As adults, we need to rediscover that skill and regularly engage in activities to totally capture our attention of the present moment.

Present moment activities help restore balance. Consider making time to totally lose yourself by reading just for fun, going to a concert, playing a musical instrument, smelling the roses, crunching leaves, completing a crossword puzzle, sewing, quilting, painting, golfing, gardening, playing cards or walking the dog. Losing yourself in these activities will restore that balance and give new life to one's true self.

> Marcy Echternach Marcy Echternacht

# Nebraska Board of Nursing Meeting Schedule 2008

Meetings of the Nebraska Board of Nursing convene at 8:30 a.m.; however, the board immediately goes into closed session to review investigative reports. Members of the public may not be present during closed session. The board typically returns to open session after 11:30 a.m. The agendas for the meetings are posted on our Web site at http://www.dhhs.ne.gov/crl/brdmtgs.htm, or you may obtain agenda by phoning (402) 471-4376.

Day/Date	Time	Meetings	Location
Tuesday, August 5-			
Friday, August 8		NCSBN Annual Meeting	Nashville, TN
Thursday, August 21	8:30 a.m.	Board of Nursing	Gold's Room 534
		(Disciplinary Case Review Meeting –	
		Most of meeting in closed session)	
	2:00 p.m.	Education Committee	Gold's Room 530
	2:00 p.m.	Practice Committee	Gold's Room 534
Thursday, September 18	8:30 a.m.	Board of Nursing	Gold's Room 534
W 1 1 0 1 15	1 20	D. J. CAY.	G IV D 52/
Wednesday, October 15	1:30 p.m.	Board of Nursing Issues Discussion	Gold's Room 534
Thursday, October 16	8:30 a.m.	Board of Nursing	Gold's Room 534
		(Disciplinary Case Review Meeting –	
		Most of meeting in closed session)	
	2:00 p.m.	Education Committee	Gold's Room 530
	2:00 p.m.	Practice Committee	Gold's Room 534
Thursday, November 20	8:30 a.m.	Board of Nursing	Gold's Room 534
Thursday, December 18	8:30 a.m.	Board of Nursing (Disciplinary Case Review Meeting –	TBA
		Most of meeting in closed session)	
	2:00 p.m.	Education Committee	TBA
	2:00 p.m.	Practice Committee	TBA

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# Clinical Nurse Specialist License Renewal

We have had many calls regarding the requirements for renewal of the Clinical Nurse Specialists (CNS) licenses, since this is the first renewal for CNS. The CNS license will renew every two years, in the same years as the RN license (even years). So, for those of you that now hold a CNS license, this year you will be required to renew your license.

As part of the renewal requirements, the CNS will be required to meet the Continuing Competency requirements in the regulations. The following is a summary of the continuing competency requirements:

> National certification (one of the approved certifying examinations accepted for licensure) or documentation of an alternative method of competency assessment.

- A minimum of 2080 hours of practice as a CNS within the previous five years.
  - o Hours spent by faculty in a graduate-level clinical nurse specialist program in the supervision of students in the clinical area may apply toward the 2080 hours.
  - o Applicants who have been licensed less than five years will not be required to meet the practice requirement for license renewal.
- Forty hours of continuing education in the clinical specialty area within the previous two years.
  - Applicants who have been licensed less than

two years will not be required to meet the continuing education for license renewal.

A workgroup of the APRN Board has been developing criteria for the alternative methods of determining competency that will be accepted for continuing competency for those CNSs licensed before September 1, 2007, that do not have national certification. The APRN Board is required to approve the alternative methods of determining competency and will review the criteria the workgroup has developed for approval. After the board's approval, the criteria will be available on our Web site, www.dhhs.ne.gov/crl/nursing/nursingindex.htm.

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# Continuing Competency Requirements for License Renewal

Sheila Exstrom, RN, Ph.D., Nursing Education Consultant

All Registered Nurses licensed in Nebraska will be required to renew their licenses prior to November 1, 2008, which is the date that their current licenses will expire. Renewal notices will be sent in August. Some hints for renewal:

Be prepared—have proof of your continued competence (practice hours and continuing education hours) available so that you can attest that you have completed them as required. Do not attest to having completed either practice hours or continuing education hours that you plan to complete prior to the renewal date but have not completed by the date that you attest they have been completed.



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**Renew early**—if you renew as quickly as you receive the notice, you will not run the risk of forgetting to do so, nor will your renewal need to be processed along with the many nurses who will wait until the last minute to renew. Beat the crowd—renew early. Reduce your stress—renew early.

You can renew by meeting the competencies in one of six different ways—please refer to the article in the last **Nursing News** (spring of 2008). You are to indicate which of the methods you are attesting to when you renew.

What are nursing practice hours— Practicing as a nurse includes a variety of roles and activities including, but not limited to, direct patient care, providing education or consultation to patients, families, or other health care providers, administrating, supervising or managing patient care or nursing staff, and conducting research. Please refer to the Nurse Practice Act 71-1,132.05. Position descriptions that require a nursing license or positions that require the use of nursing knowledge would qualify as nursing practice hours. Nursing practice hours may be either compensated hours or voluntary hours.

What is acceptable continuing education—Acceptable continuing education must be related to nursing practice. If the education is designed for consumers rather than nurses, then it is not nursing continuing education. If the education is outside of the scope of nursing, then it is not nursing education. No more than four hours can be used for CPR and/or BLS classes. Orientation to facilities, policies, procedures, forms, equipment, etc., is not

nursing continuing education.

For license renewal, twenty hours of continuing education is required to be completed within the last two years (since the last renewal). All twenty of the hours must be related to nursing practice, and ten of them must be peer reviewed and approved as nursing continuing education. Ten of the twenty do not have to be approved as nursing continuing education but could still be used for nursing renewal as long as the content is related to nursing practice. Sometimes offerings that have been approved for other professionals are also related to nursing practice and even though they have not been approved as nursing continuing education could be used for non approved nursing continuing education. Likewise, some offerings may be planned specifically for nursing but approval has not been sought, these then would qualify as non peer reviewed continuing education for nurses.

If the continuing education is an academic course related to nursing practice, or if it has been approved by a national nursing organization, a state nurses association, another state board of nursing, or an approved provider of nursing continuing education, then it is peer reviewed and accepted as peer reviewed continuing education for license renewal. The certificate of completion or attendance will indicate if it has been approved as nursing continuing education and by whom. Please refer to the regulations governing the practice of nursing (101-004.03B) for acceptable continuing education for license renewal, and to 101-004.04 for what is not accepted as continuing education for license

Statutes and regulations are available at www.dhhs.ne.gov/crl/nursing/rn-lpn/rules.htm.

# **Advisory Opinion Update**

The Board of Nursing has approved the following revised advisory opinion, Intraosseous Cannulation. All of the board's advisory opinions can be found on our Web site, http://www.hhs.state.ne.us/ crl/nursing/Rn-Lpn/advisory.htm. Be sure to bookmark the site for easy reference.

#### INTRAOSSEOUS CANNULATION

It is within the scope of practice of a Registered Nurse (RN) to place intraosseous devices if the following requirements are met:

- I. General Requirements
  - a. Written policies and procedures are maintained by the agency/employer. Appropriate policies, procedures, and standing orders should be

- developed which specify qualifications, special education and training to include didactic and clinical competency verification components, and emergent conditions/patient situations wherein the RN is authorized to administer intraosseous therapy.
- b. Only RNs who have satisfactorily completed an instructional program and have had supervised clinical practice are allowed to insert intraosseousdevices.
- c. Documentation of satisfactory completion of an instructional program, supervised clinical practice, and clinical competency verification is on file with the employer.

- II. Course of instruction is to include but not be limited to:
  - Anatomy and physiology of the bone and circulation
  - b. Indications and contraindications for the procedure
  - Complications and management techniques to include potential adverse reactions
  - Selection of appropriate site and preparation of site
  - e. Technique of intraosseous device insertion and removal
  - Nursing responsibilities

#### **RATIONALE**

The guiding principle for this opinion is that Intraosseous Cannulation insertion/ removal can be safely performed by a registered nurse with specialized training, skills, and knowledge.



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## Some Changes Coming---

On December 1, 2008, the Uniform Credentialing Act (UCA) becomes effective and replaces the current Uniform Licensing Law (ULL).

With this change, applicants for new

licenses to be issued on or after December 1, 2008, will be required to be one of the following: (1) a citizen of the United States, (2) an alien lawfully admitted into the United States for permanent residence

under the Immigration and Naturalization Act (INA) and who is eligible for a credential under the Uniform Credentialing Act, or (3) a non-immigrant whose visa for entry, or application for visa for entry, is related to employment in the United States. Evidence of citizenship and/or Immigration status may include:

- 1. A U.S. Passport (unexpired or expired)
- 2. An original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- 3. An American Indian Card (I-872)
- 4. A Certificate of Naturalization (N-550 or N-570)
- 5. A Certificate of Citizenship (N-560 or N-561)
- 6. A Certificate of Report of Birth (DS-1350)
- 7. A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)
- 8. Certification of Birth Abroad (FS-545 or DS-1350)
- 9. A United States Citizen Identification Card (I-197 or I-179)
- 10. A Northern Mariana Card (I-873)
- 11. An Alien Registration Receipt Card (Form I-551), otherwise known as a "Green Card")
- 12. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport
- 13. An Alien Registration Number ("A#") or
- 14. A Form I-94 (Arrival-Departure Record) number

The current (ULL) statutes and the new (UCA) statutes which become effective on December 1, 2008, are on the Web site at http://www.dhhs.ne.gov/crl/statutes/statutes.htm.

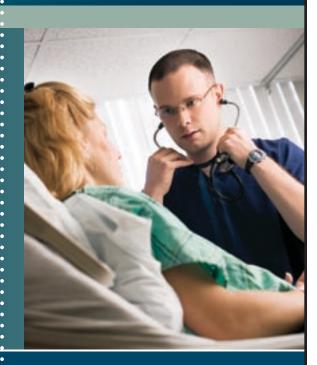
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# Nursing News Nurses in Faculty Positions

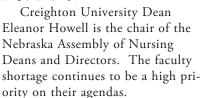


Ann Hippe wanted to become a teacher. But in the early 70s, there were oodles of teachers. She pondered nursing. She even took a course at UNMC on the "history of nursing." It changed her mind. After nursing for a few years, she saw a help wanted ad looking for someone to teach in the practical nursing program. She has been teaching and nursing ever since. The best of both worlds, according to Hippe!

"The best of both worlds!" is how everyone interviewed described their nursing roles—they are the deans and directors of Nebraska's nursing schools. It is a message we hope will entice nurses to consider a career in education ... and soon!

Nursing schools throughout the nation need faculty members. Without faculty, nursing schools are unable to meet the large demand of prospective nursing students. Nebraska is feeling the pinch, too. The deans and directors are coming up with creative ways to entice nurses to consider joining the academic ranks. According to a position paper presented by the Nebraska Center for Nursing, the average age of nursing faculty at retirement is 62.5 years, and the average age currently of doctorally-prepared faculty is 53.5 years (Berlin and Sechrist, 2002). In Nebraska, the average age of nurses with a doctorate is 53, almost the

same as nationally, and the average age of nurses with a master's as their highest degree is 47 (Nebraska Center for Nursing, 2003). Particularly troubling is the fact that between 1993 and 2002, there was an 18.1 percent decrease in the number of doctorally prepared faculty between the ages of 36 and 45.



"(UNMC Dean) Virginia Tilden and I have traveled to Washington, D.C., to visit with the Nebraska delegation and have been successful in convincing them that the nursing faculty shortage is a very serious problem," she said.

As a result, funds have been allocated to help recruit nursing faculty. In addition, Senator Ben Nelson helped Nebraska secure funding to support the accelerated nursing programs. Other initiatives have spurred more accessible nursing programming in out state Nebraska.

As chair of the Nebraska State Board of Nursing, Marcy Echternacht reminds us that the bottom line for any nurse, regardless of

their role, is to provide public safety.

"The board works very hard to ensure that best practices are in place in Nebraska's nursing schools-mandating that the faculty is well qualified and the curricula are sound. We know that sometimes our decisions aren't always popular—when we challenge a course or insist on higher credentials for faculty."

> After a successful run as the executive director of the Nebraska Nurses Association, Ann Oertwich worked several years in hospice and home health before becoming the program director for the associate degree program at Northeast Community College. (NCC)

"Administration always appealed to me. I like change and

figuring out how to do things differently," said Oertwich. "Nursing programs had been taught the same way for years, and I liked the challenge of changing the curriculum." The 1+1 Program at NCC was a first for Nebraska nursing schools. It combines the PN program and AD program, enabling a student to complete the PN program and immediately progress to the AD program.

Salaries, like with all professions, often hinder nurses

from pursuing a faculty position.

"If you are in for the money, this might not

Ann Oertwich, Northeast

Community College

be the place for you!" laughed Oertwich. "But the benefits far outweigh perceived salary issues."

Nebraska Methodist College's Marilyn Valerio was spurred to



Marilyn Valerio, PhD, Nebraska Methodist College

teach nursing after delivering her first baby and receiving "abysmal" nursing care in the hospital. She decided that the best way to influence nursing care was to teach students to become better nurses. Valerio also chairs the Nebraska Center for Nursing, where the nursing faculty shortage is a high prior-

"It goes beyond a nursing faculty shortage," she said. "It is difficult to find the right faculty person for the right position. Besides searching for someone that is qualified and is the 'right fit' for your faculty, you need someone that is a specialist in one particular field of nursing," said Valerio.

"In the last five years, I have had three babies, worked part time in the ICU, taught nursing students ... and received my Ph.D.! It can be done!" extolled Amy Abbott, a young Creighton University faculty member. "Creighton supported me the whole way—providing me release time to achieve my Ph.D. and giving me a teaching schedule that enabled me to be at home when I needed to be."

Abbott went on to add,

"I love teaching. I get to do it all! I have a wonderful schedule enabling me to balance my home and family with my career. I provide patient care in clinical settings.

> And, I am rewarded by helping educate future nurses."

"Growing your own" seems to be a trend within most nursing schools. Graduates showing interest are mentored and enticed to combine patient care nursing and teaching. Many of the schools offer release time and incentives to attract

continued on page 16

#### continued from page 15

active practice nurses to try their hand at teaching. Recruiting a diverse faculty continues to be a high priority for nursing administrators.

Recruiting faculty to Scottsbluff is really a challenge, according to Ann Hippe, director of the nursing program at Western Nebraska Community College.

"When the accreditation standards mandated master's degrees for nursing faculty, the college

offered all newly-hired nursing faculty tuition reimbursement for getting an advanced degree. Taking the next step wasn't difficult--we have UNMC here in Scottsbluff or we have access to many on-line masters' programs. In addition, our benefits are excellent," Hippe said. "We have been fortunate to attract new faculty members. They like having their summers off, enabling them to be home with their children or to pick up clinical hours at the hospital."

Another advantage to a faculty position means not having to punch a time clock. Faculty positions entail long hours; however, there is flexibility to work at home on occasion or work around other obligations, such as a family or working toward an advanced degree.

For some, it works, and there is a natural progression to becoming a full time faculty member. For others, the required advanced degree is daunting. The entry level for all nursing faculty in Nebraska is a master's degree. Many instructors are hired with



Kay Maize, PhD, Bryan/ LGH College of Health Sciences

baccalaureate degrees with the understanding that they will work toward a master's degree. Likewise, doctoral degrees are expected for faculty working in baccalaureate and graduate programs.

Marcy Echternacht, also on the faculty at the College of St. Mary, admits she was one of those who were a bit apprehensive about getting a master's degree.

"But I loved every minute. Silly as it sounds; undergrad-



Virginia Hess and Melinda Martinson, Southeast Community College

uate school is like taking samples of a lot of different foods in a buffet line. Graduate school means you can go back time after time for your favorite food. I loved psychiatric nursing, and in graduate school, I could totally focus on that."

Dr. Virginia Tilden is the dean of Nebraska's largest nursing school.

"I have always felt that teaching nursing is a privilege," said Tilden. "I was a mental health nurse and worked part time in a faculty position while working toward my Ph.D. I was hooked! I loved watching students learn." She said she scoffs at the naysayers who claim she isn't actively nursing.

"Everyday I am nursing—whether it be through designing curriculum, mentoring nursing faculty or conducting research—I am providing patient care, albeit indirectly."

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Dean Howell recalls her first teaching experience. "When I first starting teaching, I couldn't believe I was actually getting paid. I loved teaching graduate students—they were eager, motivated and willing to work very hard. Teaching continues to be such an honor for me. As dean, it is my job to make the way for others to succeed. I take great satisfaction in watching our faculty and our students move their careers forward."

Keeping up is a challenge. While changes and requirements change within hospitals at a rapid pace, making changes in an academic setting moves much slower. It is the challenge of every administrator to develop teaching methods that keep up with industry expectations.

Nursing education has changed through the years. Methods used years ago could be described as "provincial" and very traditional. Today's education is evidence based; students are encouraged to work as teams, to use clinical judgment. Teaching takes place on-line, in simulation laboratories and in the worksite.

While there was hesitation and apprehension on the part of some of some faculty members more accustomed with the traditional methods of teaching, most interviewed agreed that the students respond much better when offered different ways to learn. "Technology" is no longer a scary word, and faculty have embraced it and incorporated it into their cur-

Dean Howell mentioned the importance of nursing students taking courses on "power and politics."

"Working environments are very different today. Nursing students need to be able to function and be successful amidst the constant change. Nurses play a pivotal role in the delivery of health care. Mediation



Amy Abbott, PhD, faculty, Eleanor Howell, PhD, both from Creighton University

and dispute resolution are woven throughout our curriculum."

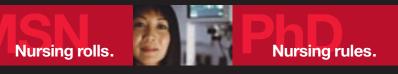
As Virginia Hess, nursing program chair at Southeast Community College in Lincoln, added,

"Finding someone that is a good teacher is very important. Faculty thrives on watching students learn. There is no greater thrill than watching that 'light bulb go on' and knowing that they 'get it!' A good teacher is resourceful, creative and self-motivated—most will do whatever is required to ensure a student understands the material."

Postscript: As I was conducting the various interviews, one name came up time and again—Rena Boyle! Rena was dean at the UNMC College of Nursing from 1967 - 1979. She was described as "an incredible mentor, very committed to grooming young faculty, she shared her vision and her challenges." Rena Boyle must have been quite a woman. She would be proud to know that several of her protégés went on to become deans themselves!! I suspect she would say to them, "Keep up the good work—nursing depends on it!"

Joyce Davis Bunger is Assitant Dean of Creighton University School of Nursing and a public member of the Nebraska Board of Nursing.

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# Licensure Actions

The following is a list of licensure actions taken between March 1, 2008, and May 30, 2008. Additional information on any of these actions is available by calling (402) 471-4923.

LICENSEE I	DATE OF ACTION	ACTION	VIOLATION
Joan Dolezal, RN	03/03/08	License Reinstated on Probation	Habitual intoxication or dependence upon a controlled substance. Unprofessional Conduct-Misappropriating medications. Violation of the Uniform Controlled Substances Act-Possessing a controlled substance when not authorized.
Jodi Loecker, RN	03/03/08	License Reinstated on Probation	Previous disciplinary action.
Logan Edwards, RN	03/04/08	Temporary License Suspension	Violation of the Uniform Controlled Substances Act-Knowingly or intentionally
	03/25/08	Revocation	possessing controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft Habitual intoxication or dependence upon controlled substances. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies and procedures implemented in the practice situation to safeguard patient care. Misappropriating medications or supplies of a patient or agency. Committing any act which endangers patient safety or welfare.
Stephone Casey, RN	03/12/08	Retroactive Voluntary Surrender	Unprofessional Conduct-Failure to maintain an accurate patient record.
		in Lieu of Discipline to 11/1/07	Misappropriating medications of a patient. Committing any act which endangers patient safety or welfare. Falsification or misrepresentation of material facts in attempting to procure nursing employment. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft
Donna Dodge, RN	03/12/08	Censure	Unprofessional Conduct-Failure to maintain an accurate patient record.
		Suspension	Failure to report employment termination for alleged unprofessional conduct in accordance with the state mandatory reporting law.
Jeannie Linder, RN	03/12/08	Suspension	Violation of previously imposed conditions of probation.
Christopher Lovejoy, F	RN 03/12/08	Suspension	Habitual dependence and failure to comply with a treatment program entered into under the Licensee Assistance Program.
Steven McVay, RN	03/12/08	Voluntary Surrender in Lieu of Discipline	Habitual dependence. Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Failure of a licensee who is subject to disciplinary investigation to furnish the Board or its investigator with requested information or documents.
Heidi Millar, RN	03/12/08	Probation	Violation of the Uniform Controlled Substances Act-Intentionally possessing a controlled substance under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft
Angela Davis, LPN	03/12/08	Voluntary Surrender in Lieu of Discipline	Conviction of a misdemeanor which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Misappropriating personal items of a patient.
Robert Green, LPN	03/12/08	Stayed Suspension	Practice beyond authorized scope. Failure to report loss of nursing employment in accordance with the state mandatory reporting law.
Janice Casey, RN	03/17/08	Censure	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Committing any act which endangers patient safety or welfare.
Christina Workman, R	N 03/17/08	Censure	Failure to report employment termination in accordance with the state mandatory
		Fine	reporting law. Unprofessional Conduct-Delegating and/or assigning nursing interventions contrary to the standards. Failure to follow policies or procedures implemented to safeguard patient care.
Janie Fournier, LPN	03/17/08	Censure	Unprofessional Conduct-Committing any act which endangers patient safety or welfare.
Randall Hoeppner, CR	NA 03/24/08	Non-disciplinary Assurance of Compliance	Unprofessional Conduct
Tia Brown Loftin, LPN	03/25/08	Probation	Conviction of a misdemeanor under state law which has a rational connection with fitness to practice the profession. Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.

Julie Miers, LPN	03/25/08	Censure	Violation of previously imposed conditions of probation.
		Probation Extended	
Mary Duncan, RN	03/25/08	Temporary License Suspension	Violation of the Uniformed Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized to do so. Habitual dependence. Unprofessional Conduct-Falsification or misrepresentation of material facts in attempting to procure nursing employment. Misappropriating medications. Committing any act which endangers patient safety or welfare.
Michelle Georges, LPN	04/28/08	Probation	Habitual dependence and failure to comply with a treatment program entered into under the Licensee Assistance Program. Dishonorable Conduct-Use of methamphetamine. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized to do so.
Linda Lutzow, LPN	04/28/08	Probation	Habitual Dependence. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substance when not authorized to do so.
Joanne Thompson, LPN	04/28/08	Probation Extended Civil Penalty	Violation of previously imposed conditions of probation.
Alison Pesek, LPN	05/06/08	Initial License Issued on Probation	Felony and misdemeanor convictions having a rational connection with fitness to practice the profession.
Michaela Engler, LPN	05/07/08	Initial License Issued on Probation	Misdemeanor convictions which have a rational connection with fitness to practice the profession.
Deanna Brown, LPN	05/15/08	Suspension	Habitual dependence. Unprofessional Conduct-Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Leaving a patient care nursing assignment without notifying personnel so that reasonable arrangements for continuation of care can be made. Committing any act which endangers patient safety or welfare.
Michelle Green, LPN	05/15/08	Voluntary Surrender in Lieu of Discipline	Habitual dependence. Unprofessional Conduct-Failure of a licensee who is the subject of a disciplinary investigation to furnish the Board or its investigator with requested information.
Jeanette Strahm, LPN	05/15/08	Suspension	Habitual Dependence. Violation of the Uniform Controlled Substances Act-Knowingly
		Probation	possessing a controlled substance under circumstances when not authorized to do so. Acquiring possession of a controlled substance by fraud.
Alan Schroeder, RN	05/16/08	Limitation	Unprofessional Conduct-Failure to utilize appropriate judgment in administering safe nursing practice based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care.
Salwa Gustafson, RN	05/19/08	Revocation	Conviction of a felony which has a rational connection with fitness to practice the profession.
Jami Marcano, RN	05/28/08	License Reinstated on Probation	Previous disciplinary action.
Karen Evans, LPN	05/28/08	Suspension	Unprofessional Conduct-Failure to utilize appropriate judgment in administering
		Probation	safe nursing practice based upon the level of nursing for which licensed. Failure to exercise technical competence based upon the level of nursing for which licensed. Failure to follow policies or procedures implemented in the practice situation to safeguard patient care. Falsification of patient records. Failure to maintain an accurate patient record. Committing any act which endangers patient safety or welfare.

The following actions were not listed in the 2008 winter edition:

LICENSEE	DATE OF ACTION	ACTION	VIOLATION
Stephone Casey, RN	01/11/08	Temporary License Suspension	Unprofessional Conduct-Failure to maintain an accurate patient record.  Misappropriating medications of a patient. Committing any act which endangers patient safety or welfare. Falsification or misrepresentation of material facts in attempting to procure nursing employment. Violation of the Uniform Controlled Substances Act-Knowingly or intentionally possessing a controlled substances under circumstances when not authorized to do so. Acquiring possession of a controlled substance by theft

## **Determining Scope of Practice**

One of the most frequently asked questions of the Nebraska Board of Nursing is if a specific procedure or activity is within the scope of practice for an RN or an LPN. The statutes and regulations provide guidelines for nursing practice but seldom address specific activities or procedures. It would be impossible to provide a list of every procedure that was or was not within the scope of practice for an RN or LPN.

In making determinations regarding specific scope of practice questions, consideration needs to be given first to the statutory definitions found in the nurse practice act, www.hhs.state. ne.us/crl/statutes/nrsgnurspracactstat.pdf. The following are definitions of the practice of the registered nurse and the licensed practical nurse found in the nurse practice act. It is also important to note that statutes state "each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered."

The practice of nursing by a registered nurse includes assessment, nursing diagnoses, establishing goals, developing a plan of care, implementing the plan of care, evaluating responses to interventions, teaching health care practices, delegating, directing, or assigning nursing interventions that may be performed by others, maintaining client safety, teaching theory and practice of nursing, conducting, evaluating, and utilizing nursing research, administering, managing, and supervising the practice of nursing and collaborating with other health professionals in the management of health care.

The practice of nursing by a licensed practical nurse "means the assumption of responsibilities and accountability for nursing practice in accordance with knowledge and skills acquired through an approved program of practical nursing." A licensed practical nurse practices at the direction of a licensed practitioner or a registered nurse. The licensed practical nurse responsibilities and performances of acts must utilize procedures leading to predictable outcomes and include contributing to assessments, participating in the development of a plan of care, implementing the appropriate aspects of the plan of care, maintaining client safety, participating in evaluating responses to interventions and assigning and directing nursing interventions that may be performed by others.

The Board of Nursing has issued advisory opinions on some specific procedures and situations that will also assist in guiding scope of practice determinations. The advisory opinions are available on our Web site at www. dhhs.state.ne.us/crl/nursing/nursingindex.htm.

A very useful tool in making scope of practice decisions not addressed in the practice act or advisory opinions is the Scope of Practice Decision Model on the next page. The model is used by many boards of nursing, including the Nebraska Board of Nursing, in determining scope of practice. It is also available on our Web site.

If you have further questions regarding nursing practice, you can contact Karen Bowen, Nursing Practice Consultant, at karen. bowen@dhhs.ne.gov or 402-471-6443.

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#### **Scope of Practice Decision Tree**

- Describe the act being performed.
- Is the act expressly permitted/prohibited by the Nursing Statutes? This may be all the information you need to make your decision. If not, continue to the next step.
- 3. Does the act require you to have substantial specialized nursing knowledge or skill? Does it require educational training beyond basic education for licensure and independent judgment?

If you answer no to this question, the act may be within the scope of practice for an RN or LPN.

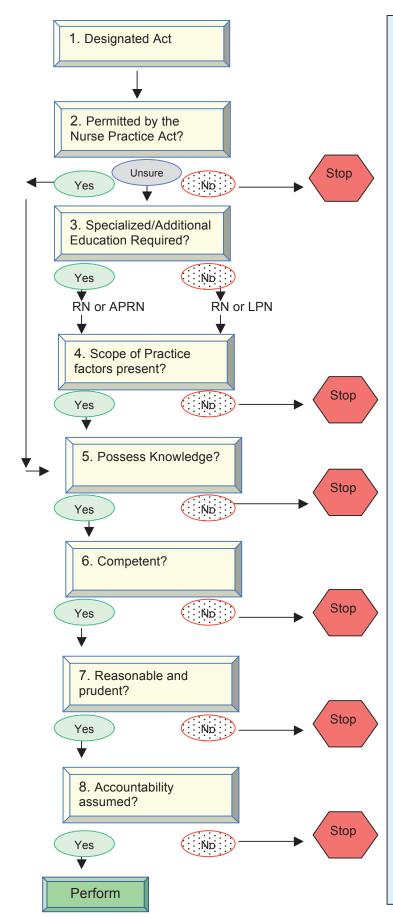
If you answer yes, it may be an act within the scope of practice for an RN only or for an advanced practice role.

- Is the act consistent with the scope of practice based on the following factors:
  - Taught in basic nursing education program.
  - Included in national nursing organization's standards of practice.
  - c. Supported by nursing literature and research.
  - d. Appropriately established policy and procedure is in place in the employing facility.
  - e. Addressed by a Nebraska Board of Nursing advisory opinion.

If you answer no to this question, the act is NOT within your scope of practice.

If the answer is yes, continue to the next step.

Do you personally possess the depth and (cont.)



- 5. (cont.) breadth of knowledge to perform the act safely and effectively?

  If you answer no, the act may be within your scope of practice, but you are not knowledgeable to perform it.

  If you answer yes, continue on.
- Do you personally possess current clinical competence to perform the act safely?
   If you answer no, the act maybe within your current scope of practice, but you are not competent to perform the act.
   If you answer yes, continue on.
- 7. Is the performance of the act within the accepted "standard of care" which would be provided in similar circumstances by reasonable and prudent nurses who have similar training and experience? If you answer no, the act should not be performed. Performance of the act may place both nurse and patient at risk. If you answer yes, continue on.
- 8. Are you prepared to accept the consequences of your action?

  If you answer no, the act should not be performed.

  If you answer yes, then:
  - Perform the act based on valid order when necessary and in accordance with appropriately established policy and procedure.
  - (2) Assume accountability for provision of safe care.

# THE WORST



It's July 4th and 50,000 revelers pack Omaha's Memorial Park for the annual concert and fireworks. Suddenly, hundreds become violently ill. They struggle to breathe, lose consciousness, foam at the mouth. Confusion and fear reign. As first responders in protective gear begin triage, fatalities seem certain. The cause: a chemical agent released by bioterrorists.

Fortunately, that scene takes place only in the virtual world. It's part of an online tool to prepare nursing, medical and allied health students for post-9/11 realities of life in the 21st century - bioterrorism and public health emergencies.

Since August of 2005, Elizabeth Beam, MSN, RN, and Stephen Smith, BS, have worked with a multidisciplinary UNMC team to create web-based interactive learning modules that help students prepare for the worst. Beam is the College of Nursing's biopreparedness coordinator and also faculty simulation coordinator. Smith, an instructional technologist, designed the website and built many of its features.

The website offers multiple learning opportunities – simulations, presentations, videos, interactive tools, educational games and links to additional resources. It functions as an updatable warehouse of ready information on food and water contamination; radiation exposure; viral agents; chemical agents such as ricin, botulism and cyanide; personal protective equipment; and other biopreparedness subjects, including catastrophic, multiple-injury triage. Website development was funded through a UNMC Programs of Excellence grant awarded to the College of Nursing. Carol Pullen, EdD, RN, Professor of Nursing, is team leader. Collaborators include Patricia Carstens, MS, Director, Learning Resources, College of Nursing; Philip Smith, MD, medical director of the UNMC Center for

#### Advertisement

Biopreparedness Education (CBE); Jan Tompkins, School of Allied Health Professions and Sharon Medcalf, CBE director.

The grant team named the website HEROES, short for Healthcare and Emergency Responder Organization Education through Simulation. The HEROES site is what Beam calls a "biopreparedness buffet." Faculty can choose modules most appropriate for the class that they're teaching.

"The interactive learning modules created by the College of Nursing are an important contribution to the national preparedness effort," said Dr. Smith, CBE's medical director. "They use an innovative approach and state-ofthe-art technologies to make preparedness learning more interesting, effective and real."

The educational project is a natural fit since the largest biocontainment unit in the country is located at the University of Nebraska Medical Center.









Beyond the online resource, the grant also funded a traveling tool chest of high-tech, high fidelity, hands-on simulation gear. One of the most popular is "SimMan."

A full-bodied mannequin, SimMan can be programmed with pre-set symptoms reflecting a host of public health and bioterrorism emergencies. A wireless microphone allows an instructor to respond as Sim Man while students assess his condition. Sim Man comes with changeable skin inserts that simulate lesions from biochemical agents as well as a mouth-foaming feature that mimics contact with nerve gas.

The interdisciplinary team could be the envy of Hollywood artists with the special moulage and make-up kit that they use to simulate a variety of injuries, including chemical burns, small pox lesions, bruising and hemorrhage. Such realistic simulation helps students assess condition quickly, accurately and with greater confidence, says Patricia Carstens, the College's Director of Learning Resources.

Above are several screen captures from an interactive HEROES simulation.

The learning tool chest also includes "Tuff Kelly," a true weight rescue and extrication mannequin; an army cot with accessories; a portable demonstration kit; and a collection of ID vests to signify responders at an emergency enactment site.

Grant dollars also funded a HEROES super crew pick-up truck and trailer to transport the simulation equipment across the state for conferences, education and training.

"Biopreparedness education is critical not just for UNMC students but also for Nebraska, the nation and world," Dr. Pullen said. "This project provides an international resource since the HEROES website can be accessed anywhere, anytime."

Visit www.onlineheroes.org ••••

# Center for Nursing Recognizes "Nurses Who Make a Difference"

In March, the Nebraska Center for Nursing sent out a press release seeking nominations from the public for nurses who have made a difference in their lives or the lives of their family or loved ones. Seventy-nine nominations were received nominating seventy-one different nurses. During National Nurses Week in early May, each nurse who was nominated received a letter of recognition for making a difference in the lives of those for whom they provide care, and included were some of the comments made by the person who nominated them. The nominee also received a certificate acknowledging their nomination. The person who submitted the nomination also received a copy of the letter that was sent to the nurse receiving the recognition.

Following is a list of names of the nurses receiving this recognition, their employer and their city of residence:

Kim Acosta, RN	Immanuel Medical Center	Omaha, NE
Cheri Backlund, RN	Alegent—Midlands Hospital	Omaha, NE
Kim Bargenquast, RN	University of Nebraska Medical Center	Council Bluffs, IA
Sandy Barnts, LPN	Gold Crest Retirement Center, Adams	Diller, NE
Carol Beach, RN	Kimball Public Schools	Kimball, NE
Marcia Beckerdite, RN	Alegent—Midlands Hospital	Papillion, NE
Peggy Beerbohm, RN	Jefferson County Health Center	Fairbury, NE
Leslie Biggs, RN	Dorwart Cancer Care Center	Sidney, NE
Martha Binkard, RN	Mercy Hospital, Council Bluffs, IA	Omaha, NE
Celia Blizzard, RN, and all the wonderful nurses	One World Community Health Center	Omaha, NE
Carol Blobaum, RN	Jefferson County Health Center	Fairbury, NE
Geri Boone, RN	Children's Physician Office	Omaha, NE
Clydene Britton, RN	Sutherland Care Center	North Platte, NE
Jeanne Cary, RN	Alegent—Midlands Hospital	Omaha, NE
Angela Cearley, LPN	DCI Dialysis Center	Bellevue, NE
Lucretia Danielson, RN	Boys Town Research Hospital	Lincoln, NE
Jackie Delatour, RN	Regional West Medical Center	Harrison, NE
Cindy Denton, RN	Family Medical Clinic—UNMC	Omaha, NE
Nadine Dougherty, RN	Avera Saint Anthony's Hospital	Page, NE
Geri Elliott, LPN	Community Action—WIC Clinic	Gibbon, NE
Melinda Farmer, RN	Clarkson Hospital	Omaha, NE
Deb Flenker, RN	University of Nebraska Medical Center	Council Bluffs, IA
Donna Foster, RN	Parish Nurse—Saint James Church	Kearney, NE
Stephanie Freyermuth, RN	Surgical Service Center, Omaha	Papillion, NE
Stephanie Gass, RN	Boys Town High School	Papillion, NE
Marjorie Gillen, RN	Veteran's Administration Hospital	Omaha, NE
Kathy Gosch, RN	Good Samaritan Hospital	Kearney, NE
Robin Hammack, RN	DCI Dialysis Center, Bellevue	Papillion, NE

Doreen Herbert, RN	UNMC Call Center	Omaha, NE
Brandi Hoerle, RN	Nebraska Medical Center	Chambers, NE
Kathy Hoffman, RN	Alegent—Midlands Hospital	Omaha, NE
Pam Hyde, RN	Alegent—Midlands Hospital	Council Bluffs, IA
Pat Jackson, LPN	Avera Saint Anthony's Hospital	O'Neill, NE
Arlene Johnson, RN	Memorial Health Center, Extended Care	Potter, NE
Jolon Johnson, RN	Methodist Hospital	Omaha, NE
Patsy Johnson, RN	Holdrege Public Schools	Holdrege, NE
Mary Killpack, RN	Methodist Hospital	Minden, IA
Judy Kowalski, RN	Richard Young Hospital, Out-Patient	Kearney, NE
Joan Kraft, RN	Omaha Public Schools	Omaha, NE
Michelle Kuehn, RN	Bergan Mercy Medical Center	Omaha, NE
Sheri Kurz, LPN	Memorial Health Center	Sidney, NE
Carol Lainof, RN	Interim Health Care	Bellevue, NE
Tammy Lines, RN	Bergan Mercy Medical Center	Omaha, NE
Traci Livingston, RN	Bergan Mercy Medical Center	Omaha, NE
Franci Lomax, LPN	Hastings Public Schools	Hastings, NE
Candy Lussetto, RN	Morrill County Clinic and Hospital	Broadwater, NE
Linda Marcum, RN	UNMC—Transplant	Omaha, NE
Patricia McMahon, RN	Alegent—Midlands Hospital	Ralston, NE
Karen Melcher, RN	DCI Dialysis Center	Bellevue, NE
Judy Mercer, RN	Hillcrest Nursing Home	McCook, NE
Nancy Moss, LPN	Avera Saint Anthony's Hospital	O'Neill, NE
Theresa Nelson, LPN	Select Hospital, Omaha	Glenwood, IA
Mickey Oetken, RN	Alegent—Midlands Hospital	Plattsmouth, NE
Ginny Oliveto, RN	Office Nurse	Omaha, NE
Morgan Palma, RN	Nebraska Medical Center	Omaha, NE
Tami Peers, RN	Nebraska Medical Center	Bellevue, NE
Danelle Prochnau, RN	DCI Dialysis Center, Bellevue	Omaha, NE
Liz Raabe, RN	Nebraska Medical Center	Pilger, NE
Gina Pady, LPN	DCI Dialysis Center	Bellevue, NE
Linda Ramaekers, RN	Midland Hospital	Papillion, NE
Waneta Rahmig, RN	Morrill County Community Hospital	Bridgeport, NE
Rene Scheer, LPN	Jefferson County Community Hospital	Alexandria, NE
Roni Schmidt, RN	DCI Dialysis Center, Bellevue	Papillion, NE
Susan Schouboe, RN	Beatrice Community Hospital	Beatrice, NE
Karen Sladek, RN	Avera Saint Anthony's Hospital	Chambers, NE
Joyce Stoural, RN	Immanuel Medical Center	Omaha, NE
Shirley Timothy, RN	Careage Estates	Falls City, NE
Lydia Tucker, LPN	Filmore County Hospital, Geneva	Milligan, NE
Louise VanEvery, RN	University of Nebraska Medical Center	O'Neill, NE
Jennifer Ward,RN	University of Nebraska Medical Center	Omaha, NE
Dana Zeiss, RN	DCI Dialysis Center, Bellevue	Omaha, NE



#### **Registry Action on Nurse Aides**

From 02/01/2008, to 04/30/2008, the following nurse aides became ineligible for employment in long-term care facilities and/or intermediate care facilities for persons with mental retardation:

Name	Nurse Aide Registry #	Action	Date Entered
Charity Brown	55347	Finding of Conviction	02/29/08
Ramona Clark	81048	Finding of Conviction	03/12/08
Theresa Garcia	29966	Finding of Misappropriation of Resident Property	03/25/08
Nefertity Sandoval	78489	Finding of Neglect	04/16/08
LaMesha Wright	74499	Finding of Conviction	03/05/08

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**Medication Errors: Detection & Prevention** 6.9 Contact Hours | \$41

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**Confronting Colleague Chemical Dependency** 3.3 Contact Hours | \$20

**Delegating Effectively** 4.2 Contact Hours | \$25

**Respecting Professional Boundaries** 3.9 Contact Hours | \$23



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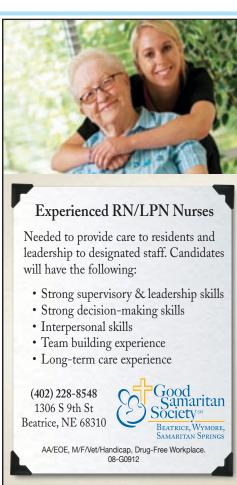
Participants: IA, ID, KY, MA, MN, MO, NC, ND, NM, NV, OH, VA, WV-PN/RN 2.0 Contact Hours | \$12

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<sup>\*</sup>Available only for Nebraska physicians and registered nurses



#### **ABOUT THE COMPANY**

Joy Medical Group was founded in 2005 in Omaha by a nursing professional who desires to see medical professionals recognized for their skills & receive a competitive salary for their work

#### **OUR STANDARDS**

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 South Dakota South Carolina
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# Twenty Years Ago

## in *Nursing News*

- Dr. Charlene Kelly started with the Bureau of Examining Boards as the Associate Director of Nursing and Specialized Medicine. Dr. Kelly came with a wealth of clinical and administrative experience in Nursing. Her most recent position was the Chairman of the Division of Nursing at the College of St. Mary's in Omaha. (and aren't we glad she did!)
- Sheila Exstrom started as the new Education Consultant with the Bureau of Examining Boards. Her most recent position was an Assistant Administrator for Nursing and Patient Care Services at Lincoln General Hospital. Prior to that she had been the Director of Inservice Education at Immanual Medical Center in Omaha.
- Dr. Gregg Wright, Director of Health, appointed a Task Force on Nursing Scope of Practice. The Task Force was charged with looking at whether current law appropriately defined scope of practice for a Registered Nurse and whether changes were needed in law, regulation, policies or public education that could more appropriately define scope of practice in the current healthcare set-
- There were 16,748 RNs, 5,913 LPNs, 25 Nurse Practitioners and 232 Certified Registered Nurse Anesthetists licensed. Currently there are 22,907 RNs, 6,989 LPNs, 758 Nurse Practitioners and 509 CRNAs.
- LB 1100 passed the 90th legislative session changing the Nurse Practice Act to give consumer members of the Board of Nursing voting privileges.
- NCLEX-RN was administered February 2 & 3. There were 87 candidates taking the exam, 83 passed. Nebraska's passing percentage was 95%. national passing percentage was 87%. Nebraska's mean scaled score was 2060.6, national mean scaled score was 1973.

# **RN License Renewal Begins August 1**

All Nebraska licensed RN's licenses expire October 31, 2008. Renewal notices will be mailed on or about August 1, 2008. The postcard will be mailed to the address we currently have on our Licensing Information System. RNs who have moved and the postal forwarding order has expired may not receive a notice. Each year, hundreds of pieces of mail are returned to the department as undeliverable because licensees have neglected to keep their mailing address current with the department.

Remember, you can now change your address online in the Nebraska Department of Health and Human Services Licensing Information System. You can simply go to www.dhhs. ne.gov/lis/lisindex.htm and follow the easy directions. You must have an ID and a password to enter the system. If you have forgotten your ID or password, simply click on "Forgot ID and/ or password," and the system will help you restore your ID and password. You will need your license number and your social security number to establish your ID and password.

Watch your mailboxes and renew early to ensure you have your renewed license prior to the expiration date. The renewal notice post card provides the Web site for online license renewal. All RNs are highly encouraged to renew online. Using online renewal is convenient, much faster and decreases the chance that renewal materials will be lost in the mail or in processing.

Any RN who does not wish to renew online can download a renewal form from our Web site http://www. dhhs.ne.gov/crl/crlindex.htm or call (402)471-4376 to request that a form be mailed to you. The renewal notice postcard also has a tear off section that can be put into the mail to request forms via mail.

All Advanced Practice Registered Nurse licenses (APRN-NP, APRN-CRNA, APRN-CNM, APRN-CNS) will also expire October 31, 2008.

APRNs will receive a separate renewal notice in addition to the RN renewal notice. For the 2008 renewal, all APRN licenses will still require paper renewal. We hope to have online renewal available for APRNs by the 2010 renewal.

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If you do not have access to the Internet, please contact the Credentialing Division for information or questions concerning:

#### **Nursing and Nursing** Support

#### **General Issues**

Charlene Kelly, R.N, Ph.D., F.R.E. Administrator, Office of Nursing and Nursing Support (402) 471-0317

charlene.kelly@dhhs.ne.gov

#### **Advanced Practice Nursing**

(CRNA, CNM, APRN, CNS)

#### **Initial Licensure**

**Licensure by Endorsement Reinstatement of Licensure** 

#### **License Renewal/Audit Questions**

Kathy Anderson (402) 471-2666

kathy.anderson@dhhs.ne.gov

#### **Nursing Practice Issues**

Karen Bowen, R.N., M.S. (402) 471-6443 karen.bowen@dhhs.ne.gov

#### **Registered Nurse**

**Licensure Based on Examination (NCLEX®) Licensure Based on Endorsement** 

#### **Renewal/Audit Questions**

Kelli Dalrymple (402) 471-4375

kelli.dalrymple@dhhs.ne.gov

#### **Licensed Practical Nurse**

**Licensure Based on Examination (NCLEX®) Licensure Based on Endorsement** 

#### **Renewal/Audit Questions**

Mary Ann Moore (402) 471-4925

maryann.moore@dhhs.ne.gov

#### **Licensed Practical Nurse**

CERTIFIED

**Certification by Examination Certification Renewal/Audit Questions** 

Mary Ann Moore

(402) 471-4925

maryann.moore@dhhs.ne.gov

#### **Foreign Educated Nurses**

Sheila Exstrom, R.N., Ph.D. (402) 471-4917 sheila.exstrom@dhhs.ne.gov

#### **Nursing Statutes**

#### **Rules and Regulations**

Charlene Kelly, R.N., Ph.D. (402) 471-0317 charlene.kelly@dhhs.ne.gov

#### **Scope of Practice and Practice Standards**

Karen Bowen, R.N., M.S. (402) 471-6443

karen.bowen@dhhs.ne.gov

#### **Education Issues, Curriculum Revisions and Nursing Program Surveys**

Sheila Exstrom, R.N., Ph.D. (402) 471-4917

sheila.exstrom@dhhs.ne.gov

#### **Refresher Course/Designing Own Review Course of Study**

Sheila Exstrom, R.N., Ph.D. (402) 471-4917

sheila.exstrom@dhhs.ne.gov

#### **RN and LPN license reinstatement Name and/or Address Change**

(Please provide your name and Social Security number)

#### **Certifications/Verifications Duplicate/Reissue Licenses**

Kathy Anderson (402) 471-2666

kathy.anderson@dhhs.ne.gov

#### **Nursing Student Loan Program**

**Shirley Nave** (402) 471-0136

#### **Probation Compliance Monitoring**

Ruth Schuldt, R.N., B.S. (402) 471-0313 ruth.schuldt@dhhs.ne.gov

**Shirley Nave** (402) 471-0136

shirley.nave@dhhs.ne.gov

#### **Complaint Filing**

**Investigations Division** (402) 471-0175

#### **Medication Aide**

#### **Medication Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N., Program Manager (402) 471-4969

marletta.stark@dhhs.ne.gov

#### Name and/or Address Change

(Please provide your name and social security number)

Teresa Luse

(402) 471-4910

teresa.luse@dhhs.ne.gov

#### **Medication Aide Registry and Applications**

Teresa Luse (402) 471-4910

teresa.luse@dhhs.ne.gov

#### **Medication Aide Testing**

Kathy Eberly (402) 471-4364

kathy.eberly@dhhs.ne.gov

#### **Nurse Aide**

#### **Nurse Aide Role and Practice Standards**

Marletta Stark, R.N., B.S.N. marletta.stark@dhhs.ne.gov

#### **Nurse Aide Registry**

Wanda Wiese (402) 471-0537

wanda.wiese@dhhs.ne.gov

#### **Name and/or Address Change**

(Please provide your name and social security number)

Wanda Wiese

(402) 471-0537

wanda.wiese@dhhs.ne.gov

#### **Questions Related to: Interstate Endorsements, Nursing Students, Military Training, Foreign Trained Nurses**

Nancy Stava (402) 471-4971

nancy.stava@dhhs.ne.gov

#### **Nurse Aide Testing**

Kathy Eberly (402) 471-4364

kathv.eberlv@dhhs.ne.gov

#### **General**

#### **Mailing Labels**

Available online at: http://www.dhhs.ne.gov/crl/ orders.htm

#### Information on **Disciplinary Actions**

Carmen Bachle (402) 471-4923

Carmen.bachle@dhhs.ne.gov

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